

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/404242  
APPLICANT(S)

FILING DATE

1/31/02

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4	1					
5	1					
6	1					
7	1					
8	1					
9	1					
10	1					
11		00				
12	1					
13	1					
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15		1				
16		1				
17		1				
18	1	5				
19		5				
20		0				
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41		0				
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43		0				
44		0				
45		0				
46		0				
47		0				
48						
49						
50						
TOTAL IND.	12					
TOTAL DEP.	43					
TOTAL CLAIMS	55					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

BEST AVAILABLE COPY

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS